

TO ADDRESSEE 7K916850044US

HACIENDA STATION  
PLEASANTON, California  
945889991

055110249-0096  
(800)275-8777 11:44:18 AM

Product Description	Sales Receipt	Final Price
Qty Unit Price		

ALEXANDRIA VA 22313  
Express Mail PO-ADD  
Serial Number EK916850044US  
Next Day Noon / Normal  
Delivery

SAN JOSE CA 95112  
Priority Mail  
Issue PVI:  
\$21.05  
\$4.75

Total: \$25.80

Paid by: Debit Card  
Account # XXXXXXXXXXXX1553  
Approval #: 660123  
Transaction #: 698  
System Trace#: 660123  
Exp. 05/05

Bill #: 1000401331375  
Clerk: 27

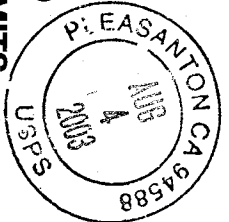
Refunds only per DIM P014  
Thank you for your business  
Customer Copy

Envelope

Receipt Fee

Insurance Fee

SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND  
INSURANCE COVERAGE LIMITS



Customer Copy

☐ WAIVER OF SIGNATURE Domestic Only / Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. (If delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature

TO: (PLEASE PRINT)

PHONE ( )

MS Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA  
22313-1450

IG CALL 1-800-222-1811

www.usps.com



Label 11-B September 1999



**EXPRESS MAIL**

**POST OFFICE TO ADDRESSEE**

**SK916850044US**

UNITED STATES POSTAL SERVICE™

**ORIGIN (POSTAL USE ONLY)**

PO ZIP Code 94588	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Second	Flat Rate Envelope <input type="checkbox"/>
Date in Month 08	Time in Day 11:16	Postage \$21.05
Prod Desc ALEX, Exprt Set	Military <input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Return Receipt Fee
Weight 12.3 lbs	Int'l Alpha-County Code	COD Fee
<input type="checkbox"/> No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance Clerk Initials Dm	Insurance Fee
Total Postage & Fees \$21.05		

**SEE REVERSE SIDE FOR  
SERVICE GUARANTEE AND  
INSURANCE COVERAGE LIMITS**



Customer Copy

**CUSTOMER USE ONLY**

**METHOD OF PAYMENT:**

Express Mail Corporate Acct. No. \_\_\_\_\_  
Federal Agency, State, or Local Govt. Acct. No. \_\_\_\_\_  
Postal Service Acct. No. \_\_\_\_\_

☐ **WAIVER OF SIGNATURE** (Domestic Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. (If delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

☐ **NO DELIVERY** ☐ Weekend ☐ Holiday

Customer Signature \_\_\_\_\_

**FROM: (PLEASE PRINT)**

PHONE ( ) 925-484-9295

Paid by: Mark Lower  
Debit ( )  
Accd XXXX  
Appr Tran  
23 9  
Syst Pleasanton CA 94566

**TO: (PLEASE PRINT)**

PHONE ( )

MS Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA  
22313-1450

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